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Country programme outline for Angola

Proposed UNFPA assistance:	$15 million: $9.6 million from regular resources and $5.4 million through co-financing modalities and/or other, including regular, resources
Programme period:	Five years (2004-2008)
Cycle of assistance:	Fifth
Category per decision 2000/19:	A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	Total
Reproductive health	7.1	2.4	9.5
Population and development strategies	1.5	3.0	4.5
Programme coordination and assistance	1.0	-	1.0
Total	9.6	5.4	15.0

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I. Situation analysis

1. With the signing on 4 April 2002 of the peace agreement marking the end of the civil war, Angola has committed itself to national reconstruction. The challenges, however, are enormous. Angola is confronted with more than 4 million displaced persons. The country's infrastructure and communication system have deteriorated. Former combatants must be reintegrated into economic and social life, and the country's social system must be rebuilt.

2. A population census has not been conducted in Angola since 1970; the Government plans to conduct one in 2006. According to the 2001 multiple indicator cluster survey, the total population is estimated at 14.2 million and the annual population growth rate is approximately 3 per cent. The total fertility rate is 7.1 children per woman. Life expectancy at birth is only 42.4 years (40.7 years for men and 44.2 years for women). The maternal mortality ratio is very high at 1,800 per 100,000 live births, and the infant mortality rate is 150 per 1,000 live births. HIV/AIDS prevalence is estimated to have risen from 3.4 per cent in 1999 to 8.6 per cent in 2001, due to internal migration and a lack of HIV/AIDS awareness.

3. According to the Ministry of Health, approximately 70 per cent of the health infrastructure has been destroyed or is in need of repair. The provision of reproductive health services is limited to family planning and to maternal and child health services. The referral system is inadequate to deal with obstetric complications. Unsafe abortion is the third most common cause of maternal death after haemorrhages and toxaemia. The rate of prenatal consultation remains stable at 66 per cent for pregnant women. The number of deliveries assisted by skilled personnel has increased from 25 per cent in 1996 to 45 per cent in 2001. The contraceptive prevalence rate for modern methods is low at 4.5 per cent. Teenage pregnancies are a serious concern: 27 per cent of teenagers aged 15-19 have had at least one child and 43 per cent have had sexual relations before age 15.

4. Gender disparities in Angola are widespread. The literacy rate is 54 per cent for females compared to 82 per cent for men. The percentage of girls in school is less than boys at all levels, with the greatest disparity at higher levels. At the decision-making level, women make up only 16 per cent of the total number of elected parliamentarians.

5. Poverty is a serious challenge for the Government. Overall, the proportion of the population living below the poverty line rose from 61 per cent in 1995 to 63 per cent in 2000; in semi-urban areas, however, this proportion has doubled.

II. Past cooperation and lessons learned

6. The previous country programme for Angola, which covered the period 1997-2000, was approved for $15 million. A no-cost extension of the programme was approved for the period 2001-2003.

7. In the area of population and development strategies, the programme contributed to long-term advocacy on population issues. The intersectoral technical committee was confirmed as the central coordinating body for the national population programme.

8. In the area of reproductive health, the most important achievement was the increased availability and accessibility of high-quality reproductive health services in the three provinces serviced by the programme (Benguela, Huila and Luanda). The programme also provided emergency reproductive health assistance to internally displaced persons. In collaboration with other partners, a national reproductive health strategy was developed. In the province of Luanda, the programme developed a successful strategy to provide adolescents with specific reproductive health information and services. This strategy was

replicated in the provinces of Benguela and Huila. In the area of gender, the previous country programme contributed to the formulation and approval of a national strategic plan on gender issues.

9. One of the main lessons learned was the need to decentralize programme activities to the provincial level in order to respond to the needs of each province. In view of the weak health infrastructure, the programme explored alternative and innovative channels for the provision of reproductive health services and for information, education and communication activities. There was also greater involvement of non-governmental organizations (NGOs) in new initiatives.

III. Proposed programme

10. The proposed programme of assistance to Angola is based on the recommendations of an evaluation of the fourth UNFPA country programme, the common country assessment (CCA) and the outcomes of a series of national workshops with government and NGO counterparts. The programme has been formulated to strengthen the country's capacity to achieve the goals of the Programme of Action of the International Conference on Population and Development (ICPD) and the Millennium Development Goals (MDGs), in relation to the key challenges defined in the CCA framework. Key issues addressed in the draft poverty reduction strategy paper and in the MDGs have been integrated into the proposed programme. The United Nations Development Assistance Framework (UNDAF) formulation process is currently under way.

11. The programme was developed using a human-rights approach; it will focus on rebuilding social services and will seek to gradually reduce reproductive health interventions in emergency situations. However, special consideration will be given to meet the reproductive health needs of internally displaced persons.

12. The goal of the proposed programme is to contribute to poverty reduction and to improve the quality of life of the people of Angola by: (a) promoting reproductive health and reproductive rights and by improving access to reproductive health information and services; (b) reducing the incidence of HIV/AIDS and maternal mortality; (c) reducing gender disparities and inequality between men and women; and (d) improving the balance between demographic growth and resources. The proposed programme will have two subprogrammes: reproductive health, and population and development strategies. Advocacy and gender will be cross-cutting issues.

13. The programme intervention areas will include the three provinces covered under the previous country programme (Benguela, Huila and Luanda), and two additional provinces – Huambo and Melanje. The programme will utilize lessons learned, reinforce the decentralization of programme execution and improve programme coordination. The two additional provinces were selected on the basis of population criteria and reproductive health needs, with special attention given to displaced persons and refugees. Additional resources from the Government and other partners will be required to maximize programme coverage. A lasting peace will be necessary to enable the country to move forward to economic and social recovery.

Population and development strategies subprogramme

14. The expected outcomes in the population and development strategies subprogramme are: (a) improved awareness and increased policy dialogue on the relationship between population growth and development and on the integration of a population and gender variable in national policy formulation, planning and programming; and (b) creation of an enabling environment for issues related to population and gender in order to achieve an improved socio-economic status for women, to prevent gender-based violence and to promote women's rights.

15. Output 1: Strengthened capacity of the Government and NGOs at national and provincial levels to formulate, implement and manage reproductive health programmes, and to integrate population and gender variables into all levels of programming. This output will be achieved by: (a) increasing policy dialogue and strengthening the technical capacity of government departments and offices responsible for formulating policy and for monitoring and coordinating programme activities at national and provincial levels; and (b) supporting training and technical assistance to strengthen capacity for programme implementation at the provincial level.

16. Output 2: Improved availability of updated sociodemographic data, disaggregated by sex, and of reliable sociocultural and gender-related information. This output will be achieved by: (a) supporting continuous and periodic data collection (through the population census, demographic and reproductive health surveys, and sociocultural research); (b) creating a database to monitor sociodemographic and economic indicators, including those associated with the MDGs and the ICPD Programme of Action; (c) strengthening the national technical capacity to collect, analyse and utilize population data, vital statistics and sociocultural research and studies; and (d) improving the dissemination of data for policy formulation and programme implementation.

17. Outcome 3: Strengthened institutional and NGO capacity in the area of advocacy for population, gender and development, reproductive health, prevention of gender-based violence and the promotion of women's rights. This output will be achieved by: (a) developing a multimedia communication strategy focusing on behaviour change in the area of population, gender and development; (b) supporting government institutions, NGOs, and women ministers and parliamentarians to advocate women's rights, the reduction of gender-based violence, HIV/AIDS prevention and the protection of the environment; (c) involving men in reproductive health and reproductive rights; and (d) reinforcing the relationship between reproductive health services and the legal system, particularly with the police and NGOs that provide counselling for victims of violence.

Reproductive health subprogramme

18. The outcome of this subprogramme is the increased use of: (a) integrated, high-quality reproductive health services, including family planning, emergency obstetric care, treatment and prevention of sexually transmitted infections (STIs), prevention of HIV, and services geared towards youth; and (b) reproductive health information for men, women and young people in the intervention areas.

19. Output 1: Increased availability of high-quality, integrated reproductive health services, including family planning, antenatal and post-natal care, skilled assistance at delivery, prevention and treatment of STIs, prevention of HIV, emergency obstetric care, and behavior change communication and counselling skills for adolescents and victims of sexual violence. This output will be achieved through: (a) a better supply of reproductive health services in at least 80 per cent of the municipalities in selected provinces; (b) quality assurance activities that focus on improved technical and diagnostic skills of staff; and (c) strengthened capacity to implement the national reproductive health strategy at central and provincial levels by better understanding national policies, developing provincial reproductive health strategies and providing management training.

20. Output 2: Increased availability of reproductive health information and services for youth and adolescents in the intervention areas. This output will be achieved through UNFPA support for: (a) integrating adolescent-friendly services into all health units; (b) strengthening existing information and counselling centres; (c) training health staff in interpersonal communication skills; and (d) providing behaviour change communication materials.

21. Output 3: Increased availability of information on specific reproductive health issues, such as

family planning, the prevention of STIs and HIV/AIDS, promotion of gender equity and equality, family life education and gender-based violence, in order to increase the demand for services in the intervention areas. This output will be achieved by implementing a behaviour change communication strategy for reproductive health, which will be based on sociocultural analysis and social mobilization through civil society, NGOs and the private sector. Specific attention will be given to the HIV/AIDS pandemic through mass media and informal communication channels. Advocacy for reproductive health will focus on religious leaders, influential community members and traditional healers.

IV. Programme management, monitoring and evaluation

22. Relevant government ministries, municipalities, and international and national NGOs will execute the programme at both central and provincial levels. The Ministry of Planning will coordinate the programme. Partnerships will be forged with counterpart ministries, United Nations agencies and donors in order to secure additional funds, particularly for the next population census, and to implement the programme effectively.

23. In view of the limited capacity for national execution, international and regional consultants, national experts and the UNFPA Country Technical Services Team in Harare, Zimbabwe, will provide technical support. South-South cooperation will also be encouraged, particularly with Portuguese-speaking countries. The programme, which will employ results-based management, will be monitored through annual reviews and a midterm review. An evaluation of the programme will be conducted in 2008.

ANNEX: RESULTS AND RESOURCES FRAMEWORK FOR ANGOLA

UNDAF Objective 1: To strengthen national capacity for planning and delivering social services aimed at reducing child and maternal morbidity and mortality, controlling HIV/AIDS; providing universal access to primary education; and strengthening the process of social empowerment for community participation in social-sector planning and policy-making

UNFPA Goal	Outcome	Indicators	Outputs and Key Indicators	Resources
To contribute to poverty reduction and to improve the quality of life of the people of Angola	*[Population and development strategies subprogramme]* Improved awareness and increased policy dialogue on the relationship between population growth and development and on the integration of a population and gender variable in national policy formulation, planning and programming	• Population and gender issues are taken into account in planning and programming related to social and economic development • Social and demographic information is updated, disaggregated by sex and region, and made available for users	**Output 1: Strengthened capacity of the Government and NGOs at national and provincial levels to formulate, implement and manage reproductive health programmes, and to integrate population and gender variables into all levels of programming** Output indicators: • Increased technical capacity and participation of national staff in the formulation, implementation and evaluation of development programmes and projects • Gender disaggregated database established at national and provincial levels • Increased number of male and female planning officials at national and provincial levels who are trained in the application of gender-sensitive data and gender analysis **Output 2: Improved availability of updated sociodemographic data, disaggregated by sex, and of reliable sociocultural and gender-related information** Output indicators: • Number of national staff trained in population data collection, analysis and utilization, including vital statistics and sociocultural research • Increased number of institutions that systematically use sociodemographic information to monitor and evaluate development programmes and project activities	$1.5 million $2.0 million
	Creation of an enabling environment for issues related to population and gender in order to achieve an improved socio-economic status for women, to prevent gender-based violence and to promote women's rights	• Legislation against gender-based violence is revised, approved and implemented • Increased ratio of women represented in the national Government, including parliamentarians • Literacy rate is increased and gender disparities reduced	**Output 3: Strengthened institutional and NGO capacity in the area of advocacy for population, gender and development, reproductive health, prevention of gender-based violence, and the promotion of women's rights** Output indicators: • By the end of 2008, legislation on population, gender and women's rights and the protection of people living with HIV/AIDS is reviewed • Number of NGOs and government staff trained and working as advocates on issues of population and development • Percentage of policy makers, including ministers, parliamentarians and opinion leaders at the community level, who discuss gender concerns and support women's rights • Number of TV programmes and print media that support gender equality and promote positive images of women	$1.0 million

UNFPA Goal	Outcome	Indicators	Outputs and Key Indicators	Resources
(Same as above)	*[Reproductive health subprogramme]* Increased use of: (a) integrated, high-quality reproductive health services, including family planning, emergency obstetric care, treatment and prevention of sexually transmitted infections (STIs), prevention of HIV, and services geared towards youth; and (b) reproductive health information for men, women and young people in the intervention areas	• By 2008, an increase in the contraceptive prevalence rate for modern methods from 4.5% to 7% • By 2008, reduced unmet need for family planning from 90% to 70% • By 2008, increase in the number of adolescent reproductive health service delivery points from 1% of the total reproductive health service delivery points to 5% • By the end of 2008, increased skilled attendance at delivery in the selected provinces from 20% to 50% • By 2008, a 20% increase in the use of adolescent reproductive health delivery points • STI prevalence rate decreases from 13% to 10%	**Output 1: Increased availability of high-quality, integrated reproductive health services, including family planning, antenatal and post-natal care, skilled assistance at delivery, prevention and treatment of STIs, prevention of HIV, emergency obstetric care, and behaviour change communication and counselling for adolescents and victims of sexual violence** Output indicators: • By the end of 2008, 40% of existing health facilities offer at least three reproductive health services • By the end of 2008, all health units offer at least one modern method of family planning according to service norms and procedures • By the end of 2008, at least 50% of obstetric and post-abortion complications are treated **Ouput 2: Increased availability of reproductive health information and services for youth and adolescents in the intervention areas** Output indicators: • By the end of 2008, 30% of adolescents and youth in the provinces of Benguela, Huila and Luanda are able to recite at least two messages related to reproductive health and gender issues • By the end of 2008, a substantial increase in the utilization of reproductive health service delivery points by adolescents • By the end of 2008, at least 50% of primary schools teach population and family life education **Output 3: Increased availability of information on specific reproductive health issues, including family planning, the prevention of STIs and HIV/AIDS, promotion of gender equity and equality, family life education and gender-based violence, in order to increase the demand for services in the intervention areas** Output indicators: • By the end of 2008, the at least 90% of the population (women, men and youth) have acquired knowledge of family planning, STIs and HIV/AIDS • By the end of 2008, at least 40% of all parents are able to recite three messages related to family-life education	$3.0 million $2.5 million $4 million **Programme coordination and assistance:** $1 million